

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

106 42892

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |              |                          |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS                     | 32           |                          |
| FOR                              | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 32 minus 20= | * 12                     |
| INDEPENDENT CLAIMS               | 3 minus 3 =  | * 0                      |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | MINUS | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  |   |       |   |                  |
| Total  | *   | Minus | **  | =                |
| Independent                                    | *   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                  |

SMALL ENTITY  
TYPE

OTHER THAN  
SMALL ENTITY  
OR

RATE

RATE

BASIC FEE 375.00

BASIC FEE 750.00

X\$ 9=

X\$18= 216

X42=

X84=

+140=

+280=

TOTAL

TOTAL 960

SMALL ENTITY OR OTHER THAN  
SMALL ENTITY

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | MINUS | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  |   |       |   |                  |
| Total  | *   | Minus | **  | =                |
| Independent                                    | *   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                  |

|   |                   |
|---|-------------------|
| RATE <input type="checkbox"/>             | ADDITIONAL<br>FEE |
| X\$ 9= <input type="checkbox"/>           |                   |
| X42= <input type="checkbox"/>             |                   |
| +140= <input type="checkbox"/>            |                   |
| TOTAL ADDIT. FEE <input type="checkbox"/> |                   |

|   |                   |
|---|-------------------|
| RATE <input type="checkbox"/>             | ADDITIONAL<br>FEE |
| X\$18= <input type="checkbox"/>           |                   |
| X84= <input type="checkbox"/>             |                   |
| +280= <input type="checkbox"/>            |                   |
| TOTAL ADDIT. FEE <input type="checkbox"/> |                   |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | MINUS | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|-------|---|------------------|
|  |   |       |   |                  |
| Total  | *   | Minus | **  | =                |
| Independent                                    | *   | Minus | ***   | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       | <input type="checkbox"/>                    |                  |

|   |                   |
|---|-------------------|
| RATE <input type="checkbox"/>             | ADDITIONAL<br>FEE |
| X\$ 9= <input type="checkbox"/>           |                   |
| X42= <input type="checkbox"/>             |                   |
| +140= <input type="checkbox"/>            |                   |
| TOTAL ADDIT. FEE <input type="checkbox"/> |                   |

|   |                   |
|---|-------------------|
| RATE <input type="checkbox"/>             | ADDITIONAL<br>FEE |
| X\$18= <input type="checkbox"/>           |                   |
| X84= <input type="checkbox"/>             |                   |
| +280= <input type="checkbox"/>            |                   |
| TOTAL ADDIT. FEE <input type="checkbox"/> |                   |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.